

CLAIMS ONLY							Application Number <b>10/821967</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1										
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Total Indep	3										
Total Depend	15										
Total Claims	18										
Total Indep											
Total Depend											
Total Claims											

*New*